

PCT/US05/06371

PCT

Home Copy

## REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.	PCT/US 05/06371
International Filing Date	(28.02.05) 28 FEB 2005
Name of receiving Office and "PCT International Application"	
Applicant's or agent's file reference (if desired) (12 characters maximum) CERDA2	

<b>Box No. I TITLE OF INVENTION</b>	
Simultaneous Detection of Metabolic Enzyme Activity and Metabolite Levels	
<b>Box No. II APPLICANT</b> <input type="checkbox"/> This person is also inventor	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)	
PERKINELMER LAS, INC. 549 Albany Street Boston, MA 02118 United States of America	
Telephone No. 617 350-9190	
Facsimile No. 617 574-9811	
Teleprinter No.	
Applicant's registration No. with the Office	
State (that is, country) of nationality: US	State (that is, country) of residence: US
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<b>Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)</b>	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)	
CERDA, Blas 9 Eben Street Milford, MA 01757 United States of America	
This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)	
Applicant's registration No. with the Office	
State (that is, country) of nationality: MX	State (that is, country) of residence: US
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet.	
<b>Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE</b>	
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: <input type="checkbox"/> agent <input type="checkbox"/> common representative	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)	
GUY, Pamela M. PerkinElmer LAS, Inc. 549 Albany Street Boston, MA 02118 United States of America	
Telephone No. 617 350-9190	
Facsimile No. 617 574-9811	
Teleprinter No.	
Agent's registration No. with the Office 51,228	
<input type="checkbox"/> Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.	

**Supplemental Box** *If the Supplemental Box is not used, this sheet should not be included in the request.*

1. *If, in any of the Boxes, except Boxes Nos. VIII(i) to (v) for which a special continuation box is provided, the space is insufficient to furnish all the information: in such case, write "Continuation of Box No. ...." (indicate the number of the Box) and furnish the information in the same manner as required according to the captions of the Box in which the space was insufficient, in particular:*
  - (i) *if more than two persons are to be indicated as applicants and/or inventors and no "continuation sheet" is available: in such case, write "Continuation of Box No. III" and indicate for each additional person the same type of information as required in Box No. III. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below;*
  - (ii) *if, in Box No. II or in any of the sub-boxes of Box No. III, the indication "the States indicated in the Supplemental Box" is checked: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the applicant(s) involved and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is applicant;*
  - (iii) *if, in Box No. II or in any of the sub-boxes of Box No. III, the inventor or the inventor/applicant is not inventor for the purposes of all designated States or for the purposes of the United States of America: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the inventor(s) and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is inventor;*
  - (iv) *if, in addition to the agent(s) indicated in Box No. IV, there are further agents: in such case, write "Continuation of Box No. IV" and indicate for each further agent the same type of information as required in Box No. IV;*
  - (v) *if, in Box No. VI, there are more than three earlier applications whose priority is claimed: in such case, write "Continuation of Box No. VI" and indicate for each additional earlier application the same type of information as required in Box No. VI.*
2. *If the applicant intends to make an indication of the wish that the international application be treated, in certain designated States, as an application for a patent of addition, certificate of addition, inventor's certificate of addition or utility certificate of addition: in such a case, write the name or two-letter code of each designated State concerned and the indication "patent of addition," "certificate of addition," "inventor's certificate of addition" or "utility certificate of addition," the number of the parent application or parent patent or other parent grant and the date of grant of the parent patent or other patent grant or the date of filing of the parent application (Rules 4.11(a)(iii) and 49bis.1(a) or (b)).*
3. *If the applicant intends to make an indication of the wish that the international application be treated, in the United States of America, as a continuation or continuation-in-part of an earlier application: in such a case, write "United States of America" or "US" and the indication "continuation" or "continuation-in-part" and the number and the filing date of the parent application (Rules 4.11(a)(iv) and 49bis.1(d)).*

US, continuation-in-part, PCT/US04/28238,  
30 August 2004 (30.08.2004)



**Box No. IX CHECK LIST; LANGUAGE OF FILING**

This international application contains:	This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):	Number of items
(a) <b>in paper form</b> , the following number of sheets:	1. <input checked="" type="checkbox"/> fee calculation sheet	1
request (including declaration sheets) : 4	2. <input type="checkbox"/> original separate power of attorney	
description (excluding sequence listing and/or tables related thereto) : 44	3. <input type="checkbox"/> original general power of attorney	
claims : 8	4. <input type="checkbox"/> copy of general power of attorney; reference number, if any: .....	
abstract : 1	5. <input type="checkbox"/> statement explaining lack of signature	
drawings : 1	6. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s): .....	
<b>Sub-total number of sheets</b> : 58	7. <input type="checkbox"/> translation of international application into (language): .....	
sequence listing : .....	8. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material	
tables related thereto : .....	9. <input type="checkbox"/> sequence listing in computer readable form (indicate type and number of carriers)	
(for both, actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (c) below)	(i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application) :	
<b>Total number of sheets</b> : 58	(ii) <input type="checkbox"/> (only where check-box (b)(i) or (c)(i) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter :	
(b) <input type="checkbox"/> <b>only in computer readable form</b> (Section 801(a)(i))	(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listing mentioned in left column :	
(i) <input type="checkbox"/> sequence listing	10. <input type="checkbox"/> tables in computer readable form related to sequence listing (indicate type and number of carriers)	
(ii) <input type="checkbox"/> tables related thereto	(i) <input type="checkbox"/> copy submitted for the purposes of international search under Section 802(b-quater) only (and not as part of the international application) :	
(c) <input type="checkbox"/> <b>also in computer readable form</b> (Section 801(a)(ii))	(ii) <input type="checkbox"/> (only where check-box (b)(ii) or (c)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Section 802(b-quater) :	
(i) <input type="checkbox"/> sequence listing	(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the tables mentioned in left column :	
(ii) <input type="checkbox"/> tables related thereto	11. <input type="checkbox"/> other (specify): transmittal, return post card .....	
<b>Type and number of carriers</b> (diskette, CD-ROM, CD-R or other) on which are contained the		
<input type="checkbox"/> sequence listing: .....		
<input type="checkbox"/> tables related thereto: .....		
(additional copies to be indicated under items 9(ii) and/or 10(ii), in right column)		
<b>Figure of the drawings</b> which should accompany the abstract: 1	<b>Language of filing of the international application:</b> English	

**Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE**

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).



Pamela M. Guy  
Reg. No. 51,228

For receiving Office use only

(28.02.05)

1. Date of actual receipt of the purported international application: DT02 Rec'd PCT/PTO 28 FEB 2005	2. Drawings: <input type="checkbox"/> received:  <input type="checkbox"/> not received:
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:	
4. Date of timely receipt of the required corrections under PCT Article 11(2):	
5. International Searching Authority (if two or more are competent): ISA / US	
6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid	

For International Bureau use only

Date of receipt of the record copy  
by the International Bureau: